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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001540 (4)**
1. Corporation Name

CONSOLIDATED CREDIT COUNSELING SERVICES, INC.



Principal Place of Business	Mailing Address
1981 W OAKLAND PARK BLVD STE 200 FT. LAUDERDALE FL 33311 US	1981 W. OAKLAND PARK BLVD. STE 200 FT. LAUDERDALE FL 33311 US

3. Date Incorporated or Qualified

04/01/1993

4. FEI Number

65-0401491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DVORKIN, HOWARD S
1981 W. OAKLAND PARK BLVD.
SUITE 504
FORT LAUDERDALE FL 33311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Howard S. Dvorkin
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/24/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DVORKIN, HOWARD S	
STREET ADDRESS	4901 N.W. 17TH WAY, SUITE 504	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MYRICK, MARY	
STREET ADDRESS	438 AVONDALE DRIVE, UNIT 107	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KALIN, WILLIAM	
STREET ADDRESS	3052-D TREVOR HOUSE DRIVE	
CITY-ST-ZIP	OAKTON VA	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUCKABY, DARRYL	
STREET ADDRESS	1140 CONNECTICUT AVE., APT 419	
CITY-ST-ZIP	WASHINGTON DC	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Andrew S. Weisman	
STREET ADDRESS	7650 NW 47th Dr.	
CITY-ST-ZIP	Coral Springs FL 33067	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Howard ROSE	
STREET ADDRESS	PO BOX 16224 N/A	
CITY-ST-ZIP	Plantation FL 33318	

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

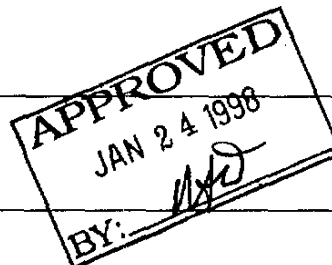
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard S. Dvorkin

1/24/98

954-984-3328

CR2E037 (10/97)